



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION

REAL ESTATE SECTION

233 RICHMOND STREET

PROVIDENCE, RI 02903

TELEPHONE (401)222-2255 FAX (401) 222-6654

www.dbr.state.ri.us

REAL ESTATE BROKER APPLICATION

INSTRUCTIONS:

1. APPLICANT MUST PRINT OR TYPE.
2. NO LICENSE WILL BE ISSUED UNTIL ALL QUESTIONS ARE PROPERLY ACKNOWLEDGED.
3. APPLICATION FEE \$10.00 – **NON-REFUNDABLE**
MAKE \$10.00 CHECK PAYABLE TO: **RI GENERAL TREASURER**

FOR OFFICE USE ONLY
LICENSE NO.

1.NAME OF APPLICANT	2. DATE OF BIRTH	3.AGE	4. LEGAL RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>
5. RESIDENTIAL ADDRESS	CITY/TOWN	STATE	ZIP
5A. TELEPHONE NO.:	5B. SOCIAL SECURITY NO.:		
6. AGENCY NAME & ADDRESS	STREET/CITY/TOWN	STATE	ZIP
7. PRESENT OCCUPATION			
8. OCCUPATIONS ENGAGED IN DURING PAST FIVE YEARS			
9. HAVE YOU EVER BEEN REFUSED A LICENSE BY THIS OR ANY OTHER STATE TO ACT AS A REAL ESTATE BROKER OR SALESPERSON? YES <input type="checkbox"/> NO <input type="checkbox"/>			
10. HAS ANY SUCH LICENSE IN ITEM 9 EVER BEEN SUSPENDED OR REVOKED IN THIS OR ANY OTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
11. HAS ANY FIRM, COMPANY, CORPORATION OR SOCIETY WITH WHICH YOU ARE OR HAVE BEEN CONNECTED OR ASSOCIATED IN ANY CAPACITY, HAD ANY SUCH LICENSE REFUSED, SUSPENDED OR REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>			

12. HAS ANY PARTNER, OFFICER, MEMBER, DIRECTOR, OR STOCKHOLDER OF ITEM 11 HAD A LICENSE REFUSED, REVOKED, OR SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
13. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDRE TO FORGERY, TO EMBEZZLEMENT, OBTAINING MONEY UNDER FALSE PRETENSES, BRIBERY, LARCENY, EXTORTION, CONSPIRACY TO DEFRAUD, OR ANY OTHER OFFENSES OF ANY TYPE WHICH WOULD REASONABLY CAUSE THE DEPARTMENT TO QUESTION YOUR HONESTY, TRUSTWORTHINESS, INTEGRITY, GOOD REPUTATION OR COMPETENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EXPLAIN FULLY ALL “YES” ANSWERS TO QUESTIONS 9 – 13 ON A SEPARATE SHEET AND ATTACH.	
14. HAVE YOU READ OR ARE YOU FAMILIAR WITH THE REAL ESTATE LAWS OF THE STATE OF RHODE ISLAND? YES <input type="checkbox"/> NO <input type="checkbox"/>	
15. LIST BELOW ALL EDUCATIONAL COURSES ON REAL ESTATE SUCCESSFULLY COMPLETED AS DEFINED IN RHODE ISLAND GENERAL LAWS 5-20.5.19 (AS AMENDED)	
16. NOTE: LAW REQUIRES RECOMMENDATIONS OF THREE (3) CITIZENS OF THE UNITED STATES WHO HAVE BEEN PROPERTY OWNERS FOR AT LEAST THREE (3) YEARS AND WHO HAVE KNOWN THE APPLICANT FOR AT LEAST THREE (3) YEARS AND ARE NOT RELATED TO THE APPLICANT. I, THE UNDERSIGNED , AM A CITIZEN OF THE UNITED STATES, HAVING OWNED PROPERTY FOR AT LEAST THREE (3) YEARS PRIOR TO THE DATE HEREOF AND HAVE KNOWN THE APPLICANT _____ FOR THREE (3) YEARS PRIOR TO HERETO, THAT I AM NOT RELATED TO THE APPLICANT AND THAT THE APPLICANT BEARS A GOOD REPUTATION FOR HONESTY AND TRUSTWORTHINESS RECOMMEND THAT A REAL ESTATE BROKER’S LICENSE BE GRANTED TO THE APPLICANT.	
NAME (PRINT) _____ SIGNATURE: _____	ADDRESS: _____
NAME (PRINT) _____ SIGNATURE: _____	ADDRESS: _____
NAME (PRINT) _____ SIGNATURE: _____	ADDRESS: _____

WAIVER

I, _____, OF _____
 _____ (applicant name) _____ (address)
 HAVING A DATE OF BIRTH OF _____ AND A SOCIAL SECURITY NUMBER OF _____
 _____ AM APPLYING FOR A _____
 LICENSE WITH THE DEPARTMENT OF BUSINESS REGULATION AND I HEREBY DIRECT AND
 AUTHORIZE THE BUREAU OF CRIMINAL IDENTIFICATION OF THE DEPARTMENT OF
 ATTORNEY GENERAL FOR THE STATE OF RHODE ISLAND TO MAKE AVAILABLE TO THE
 DEPARTMENT OF BUSINESS REGULATION ANY CRIMINAL RECORD OR OTHER DISPOSITION
 THAT THE BUREAU OF CRIMINAL IDENTIFICATION HAS ON FILE IN REFERENCE TO ME.

I HEREBY WAIVE AND RELEASE ANY AND ALL MANNER OF ACTIONS, CAUSE OF ACTIONS, AND DEMANDS OF EVERY KIND, NATURE AND DESCRIPTION, ARISING FROM ANY RELEASE OF CRIMINAL RECORDS AND REQUESTS THEREFROM, WHATSOEVER AGAINST THE STATE OF RHODE ISLAND, BUREAU OF CRIMINAL IDENTIFICATION, THE ATTORNEY GENERAL, THE EMPLOYEES OF THE ATTORNEY GENERAL'S OFFICE AND OFFICIALS OF THE DEPARTMENT OF BUSINESS REGULATION IN BOTH LAW AND EQUITY WHICH I MAY NOW OR IN THE FUTURE MAY HAVE.

SWORN BEFORE ME ON THIS _____ DAY

OF _____, 2_____.

Signature of applicant

Notary Public

STATEMENT OF LICENSED REAL ESTATE BROKER

I, THE UNDERSIGNED BEING A REAL ESTATE BROKER OF THE STATE OF RHODE ISLAND, CERTIFY THAT THE APPLICANT _____ WAS EMPLOYED AS A LICENSED SALESMAN BY MY AGENCY FOR THE FOLLOWING PERIOD:

<u>EMPLOYMENT DATES</u> FROM: TO:	<u>HOURS PER WEEK</u> 	BROKER'S NAME (PRINT) _____ SIGNATURE _____ ADDRESS _____ 	LICENSE NO.
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STATEMENT OF LICENSED REAL ESTATE BROKER

I, THE UNDERSIGNED BEING A REAL ESTATE BROKER OF THE STATE OF RHODE ISLAND, CERTIFY THAT THE APPLICANT _____ WAS EMPLOYED AS A LICENSED SALESMAN BY MY AGENCY FOR THE FOLLOWING PERIOD:

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STATEMENT OF APPLICANT

SEAL OF NOTARY PUBLIC

I HEREBY MAKE OATH THAT ALL ANSWERS ARE TRUE,

Signature of Applicant _____

Subscribed and Sworn at _____

BEFORE ME _____

Notary Public

DATE _____

For Office Use Only

LICENSE GRANTED:

AFTER EXAMINATION ☐

DATE:

RECIPROCITY ☐ ATTORNEY ☐

DATE: